



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:42

Reporting for the week ending 10/19/19 (MMWR Week #42)

October 25th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

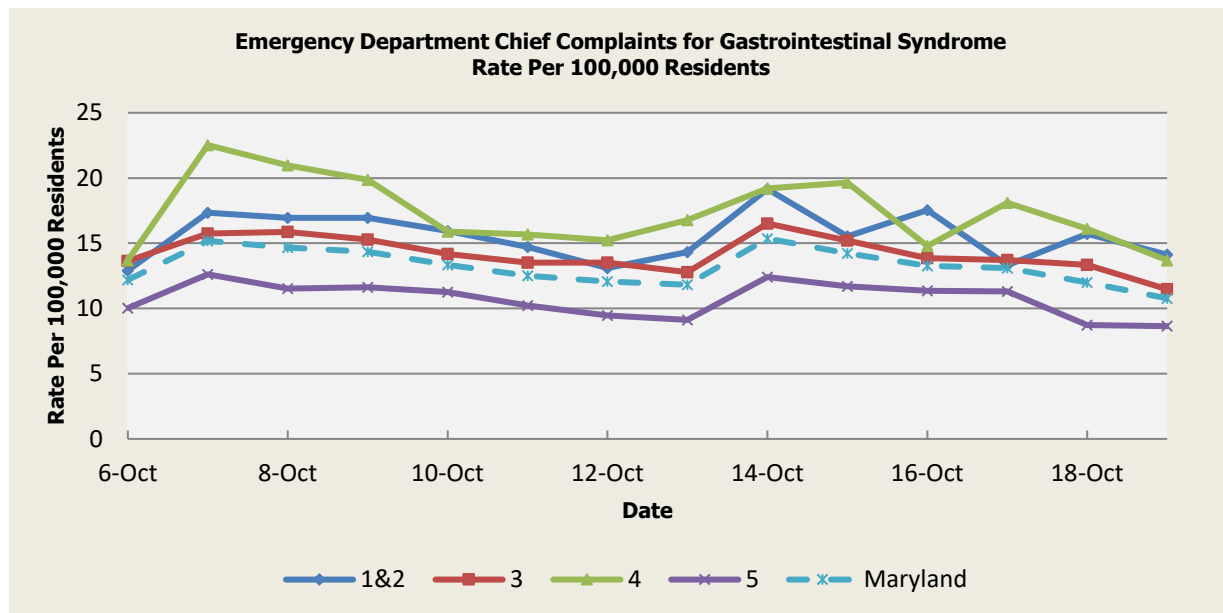
National:	No Active Alerts
Maryland:	Enhanced (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

(report continues on next page)

Gastrointestinal Syndrome



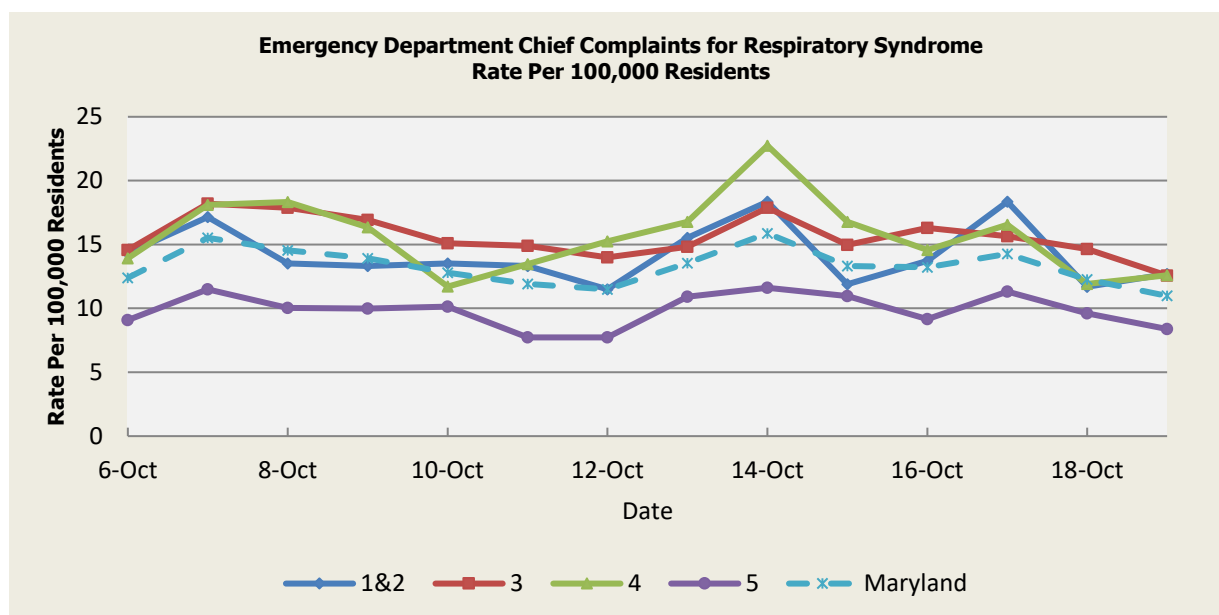
There was one (1) Gastrointestinal Syndrome outbreaks reported this week; One (1) outbreak of Gastroenteritis in a Hospital (Region 1&2).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.31	15.08	15.94	10.26	13.15
Median Rate*	13.11	14.87	15.46	10.17	13.02

** Per 100,000 Residents*

(report continues on next page)

Respiratory Syndrome



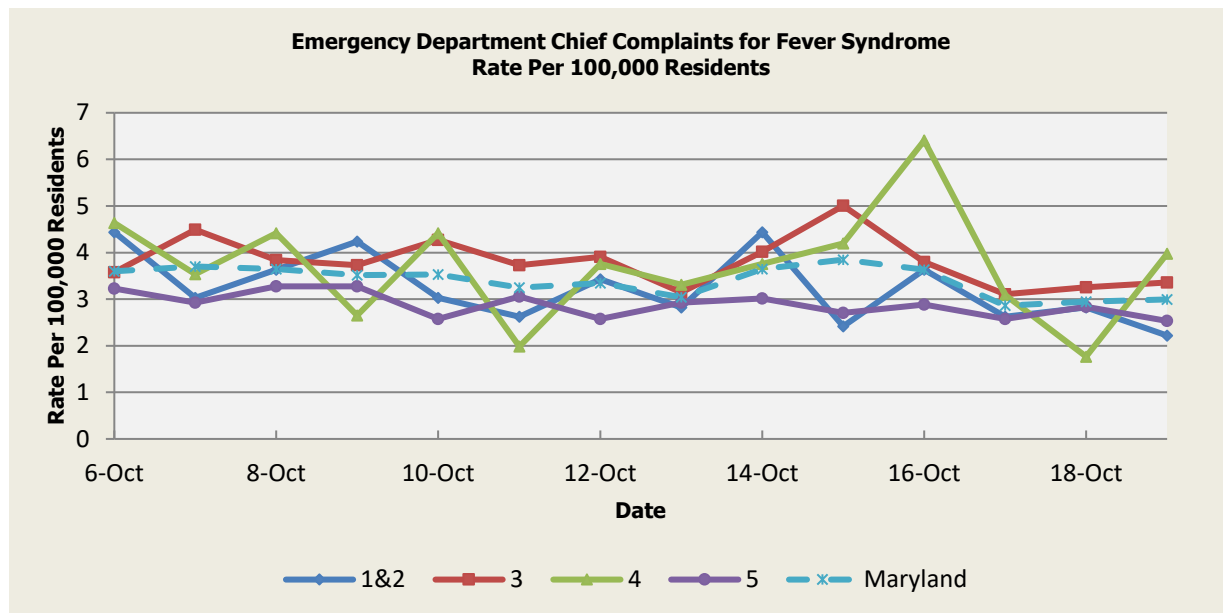
There were no Respiratory Syndrome outbreak reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.62	14.70	15.05	9.95	12.73
Median Rate*	12.10	14.14	14.35	9.60	12.25

* Per 100,000 Residents

(report continues on next page)

Fever Syndrome



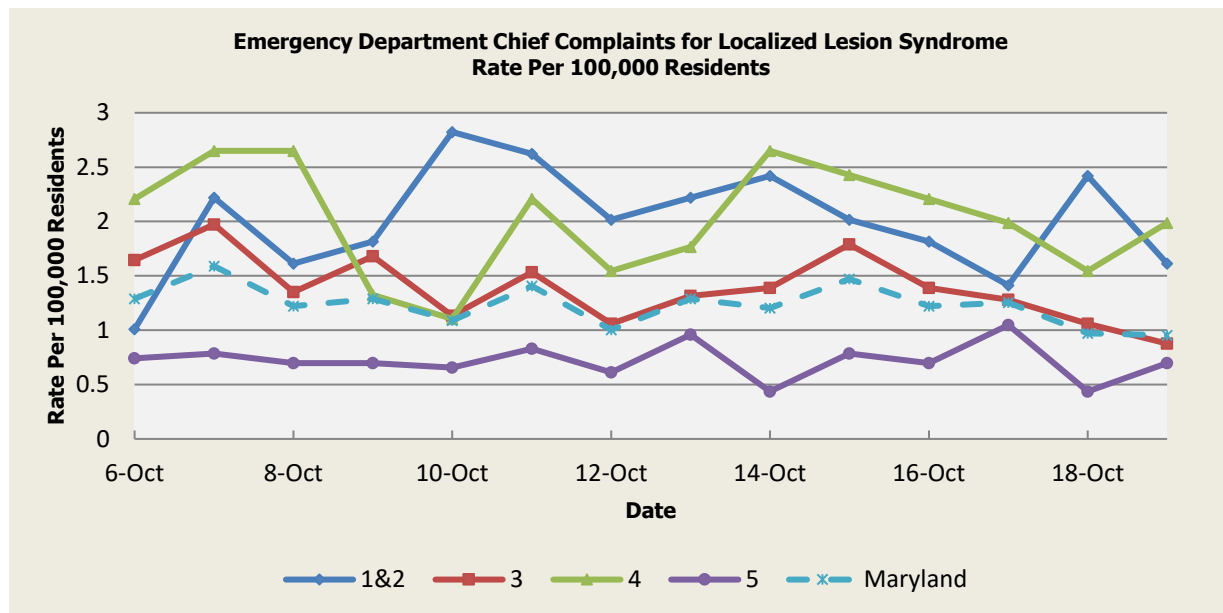
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

(report continues on next page)

Localized Lesion Syndrome



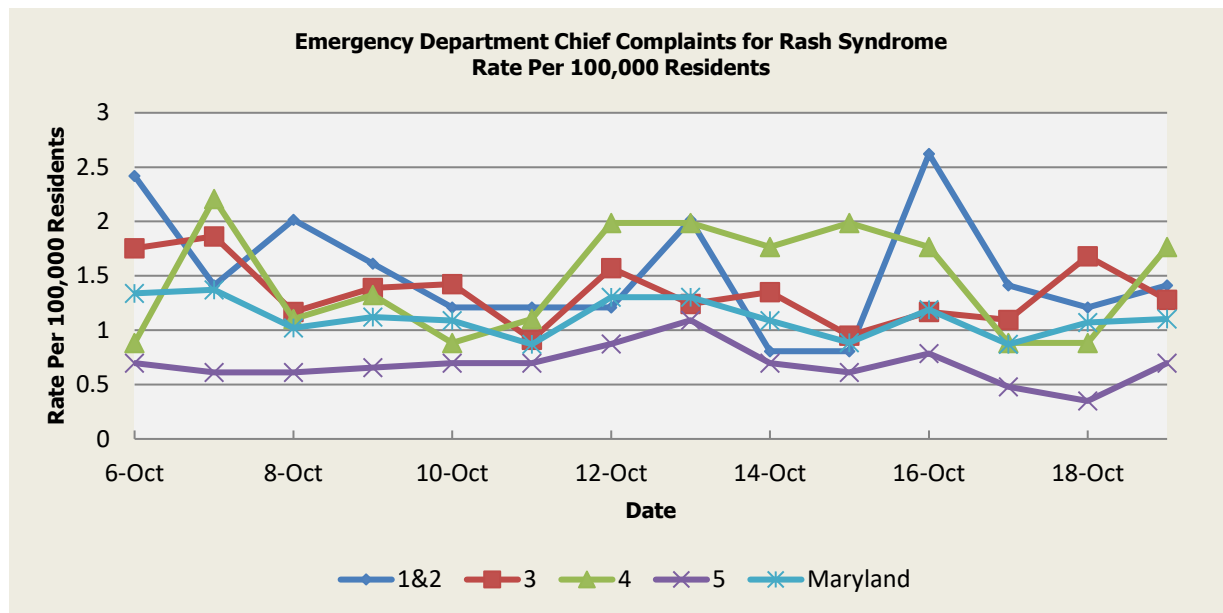
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.79	2.05	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

(report continues on next page)

Rash Syndrome



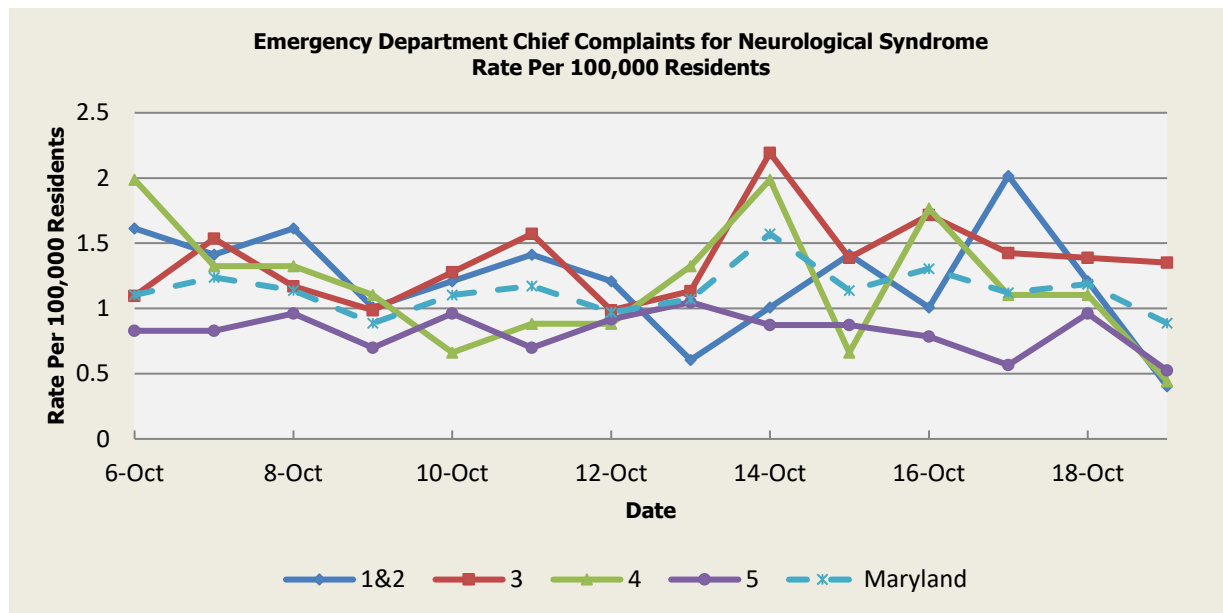
There were no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.68	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

(report continues on next page)

Neurological Syndrome



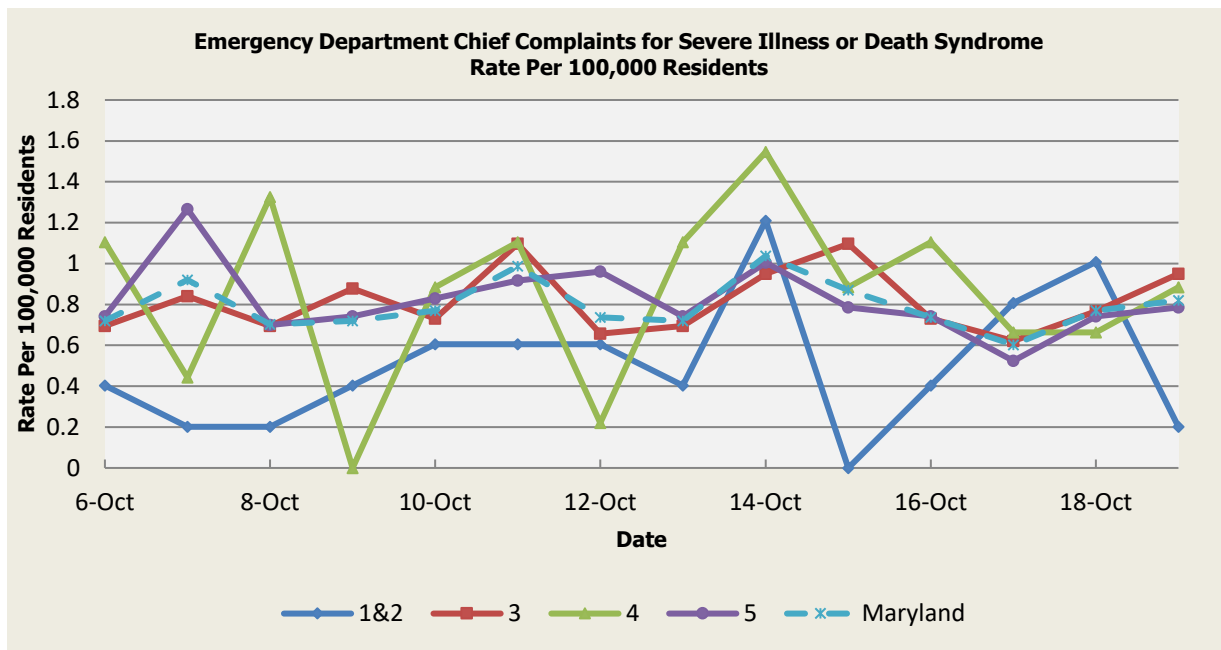
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.79	0.96	0.87	0.61	0.80
Median Rate*	0.81	0.88	0.88	0.57	0.72

* Per 100,000 Residents

(report continues on next page)

Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

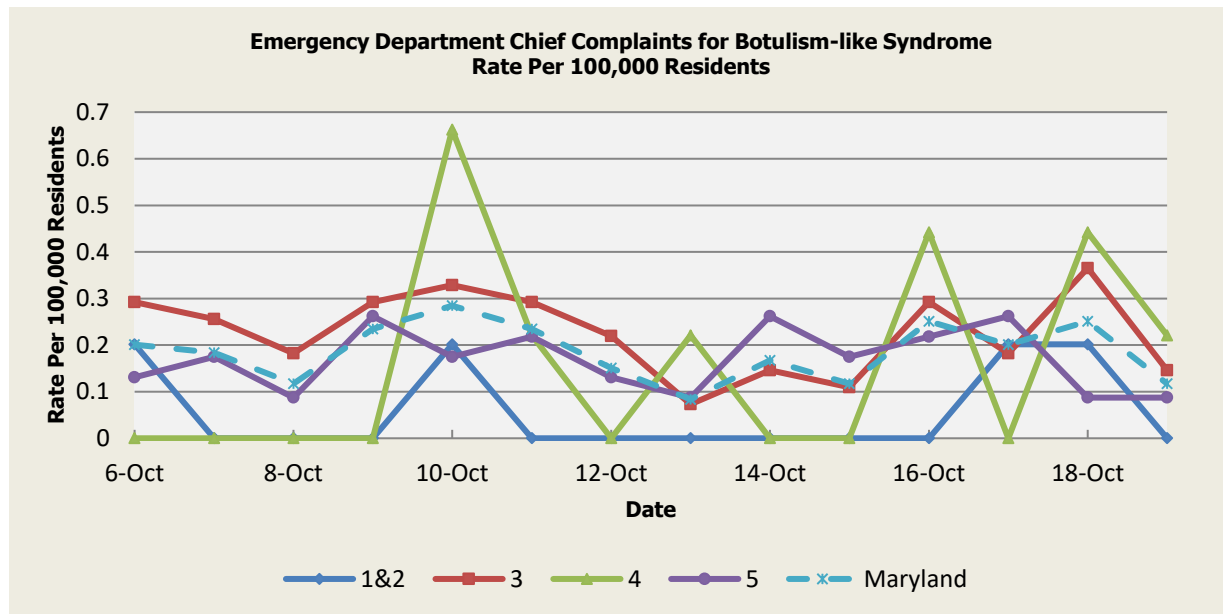
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.84	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

* Per 100,000 Residents

(report continues on next page)

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



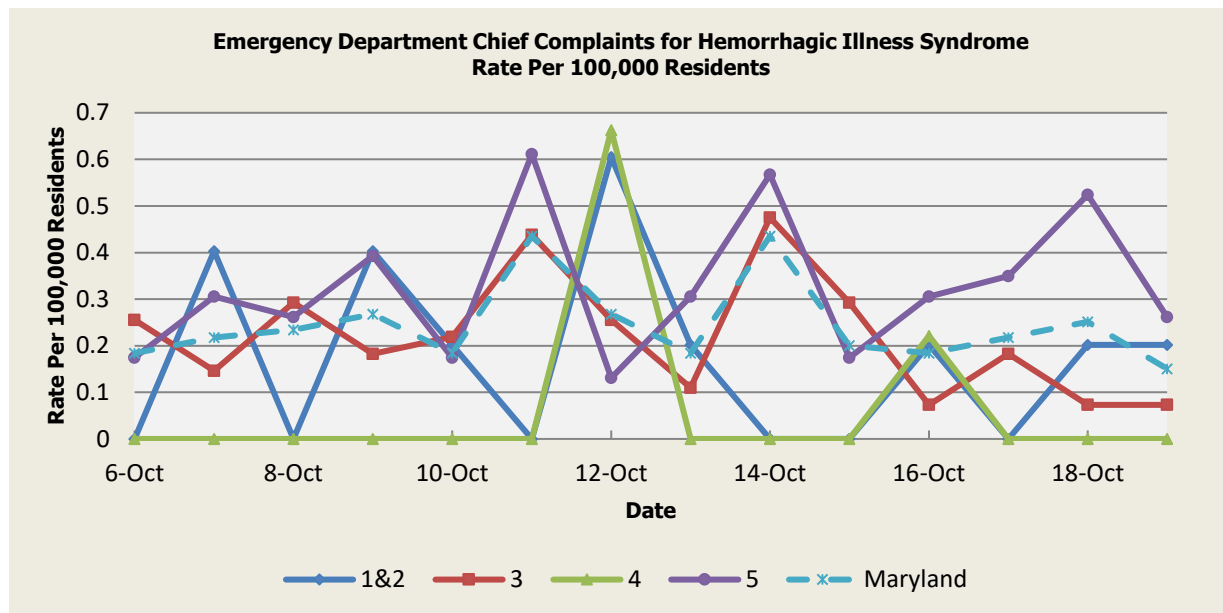
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome, 10/6 (Regions 1&2,3), 10/7 (Regions 3,5), 10/9 (Regions 3,5), 10/10 (Regions 1&2,3,4,5), 10/11 (Regions 3,4,5), 10/13 (Region 4), 10/14 (Region 5), 10/15 (Region 5), 10/16 (Regions 3,4,5), 10/17 (Regions 1&2,5), 10/18 (Regions 1&2,3,4), 10/19 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

(report continues on next page)

Hemorrhagic Illness Syndrome



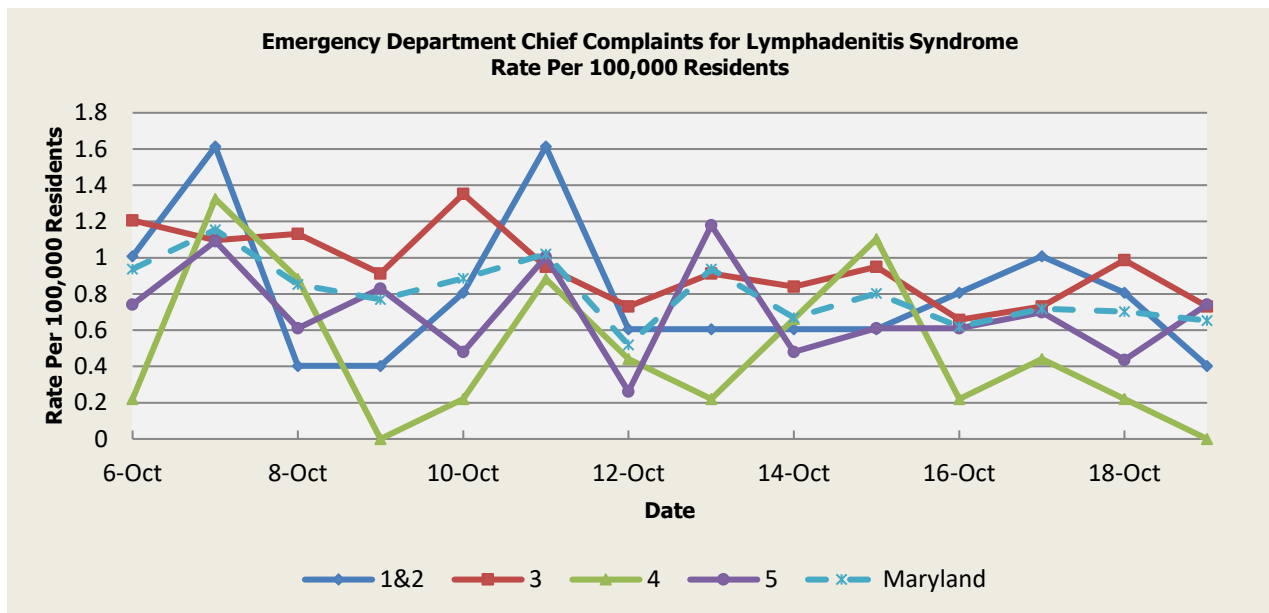
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome, 10/7 (Regions 1&2,5), 10/8 (Region 5), 10/9 (Regions 1&2,5), 10/10 (Region 1&2), 10/11 (Regions 3,5), 10/12 (Regions 1&2,4), 10/13 (Regions 1&2,5), 10/14 (Regions 2,5), 10/16 (Regions 1&2,4,5), 10/17 (Regions 5), 10/18 (Regions 1&2,5), 10/19 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

(report continues on next page)

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome, 10/6 (Regions 1&2,3), 10/7 (Regions 1&2,4,5), 10/8 (Region 4), 10/9 (Region 5), 10/10 (Regions 1&2,3), 10/11 (Regions 1&2, 4,5), 10/13 (Region 5), 10/15 (Region 4), 10/16 (Region 1&2), 10/17 (Region 1&2), 10/18 (Region 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	0.60	0.40	0.39	0.48
Median Rate*	0.40	0.51	0.44	0.35	0.44

* Per 100,000 Residents

(report continues on next page)

MARYLAND REPORTABLE DISEASE SURVEILLANCE

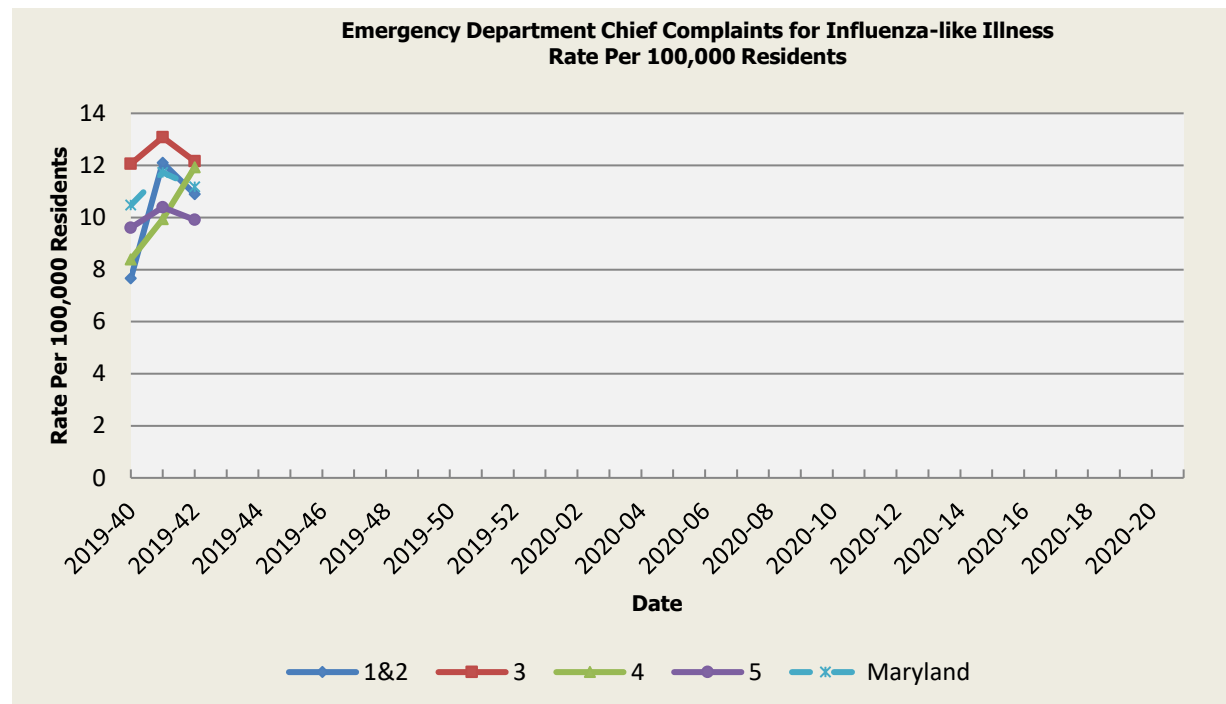
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

(report continues on next page)

SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 42 was: Minimal Intensity and Widespread geographic activity.

Influenza-like Illness

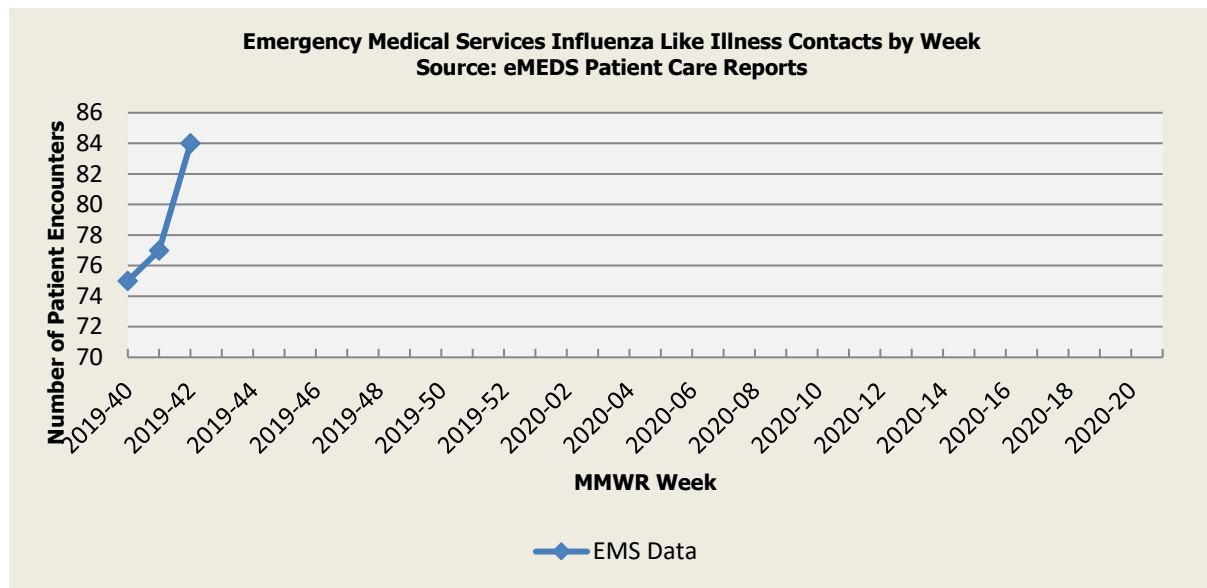


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.13	13.21	12.72	11.19	12.15
Median Rate*	7.66	10.23	9.27	8.73	9.37

* Per 100,000 Residents

(report continues on next page)

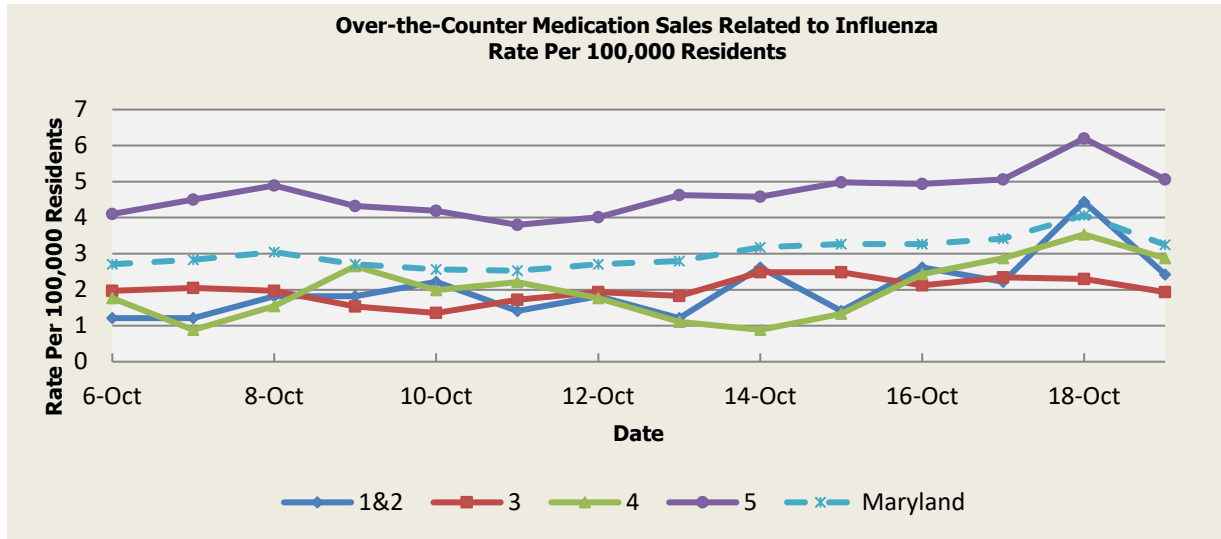
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

(report continues on next page)

Over-the-Counter Influenza-Related Medication Sales



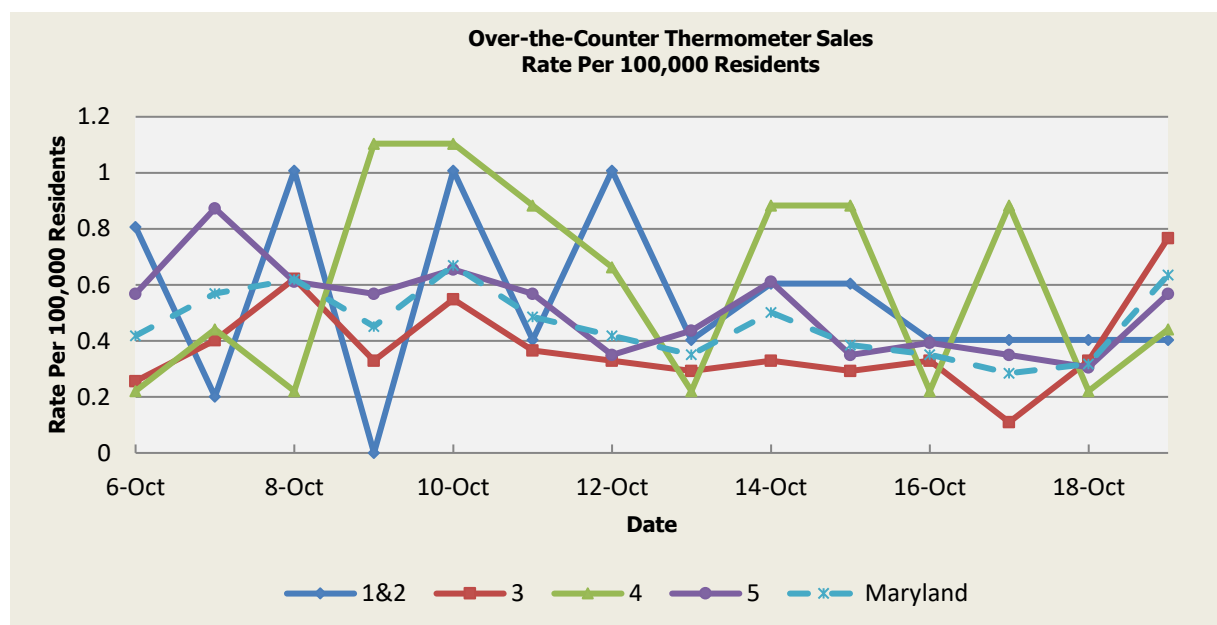
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.45	4.44	2.67	7.79	5.51
Median Rate*	2.82	3.58	2.21	7.03	4.75

* Per 100,000 Residents

(report continues on next page)

Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.93	2.79	2.22	3.70	3.11
Median Rate*	2.62	2.70	2.21	3.62	3.05

* Per 100,000 Residents

(report continues on next page)

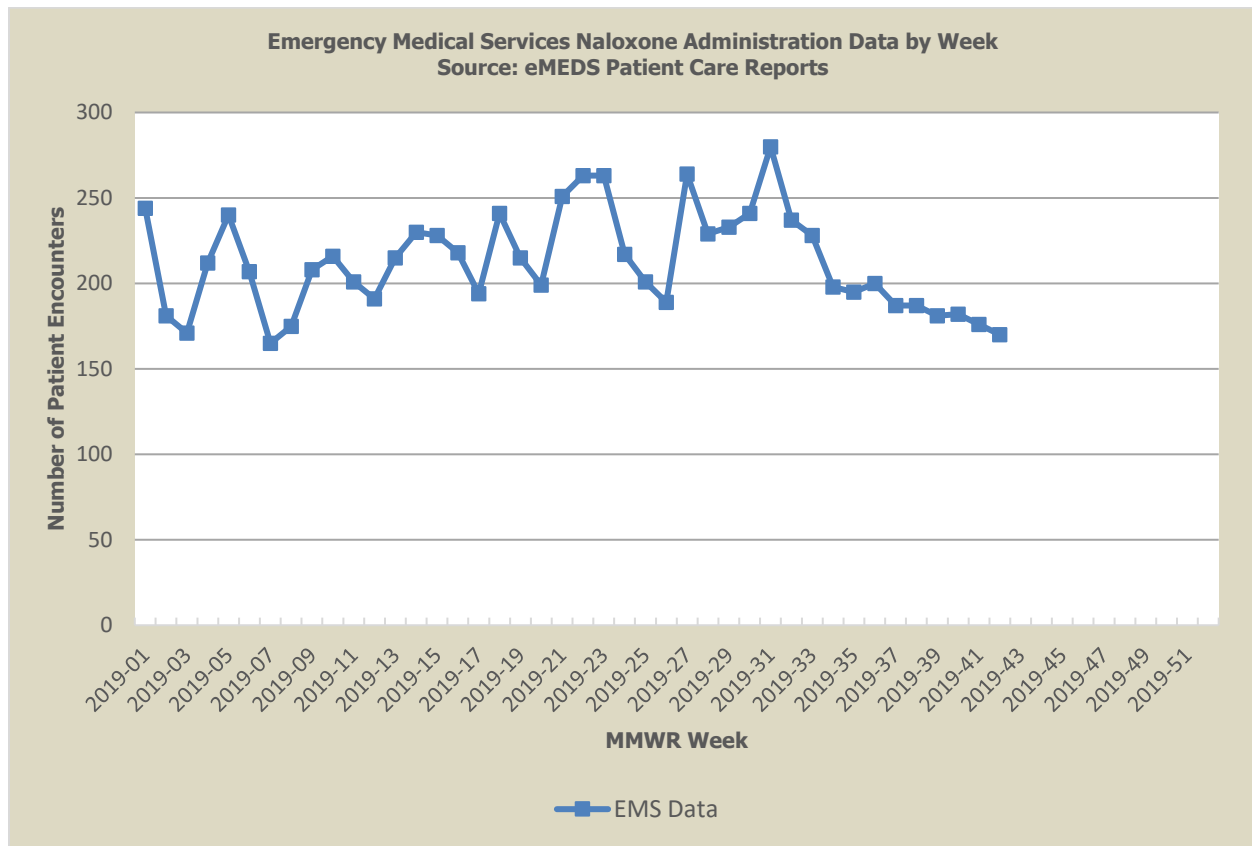
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

(report continues on next page)

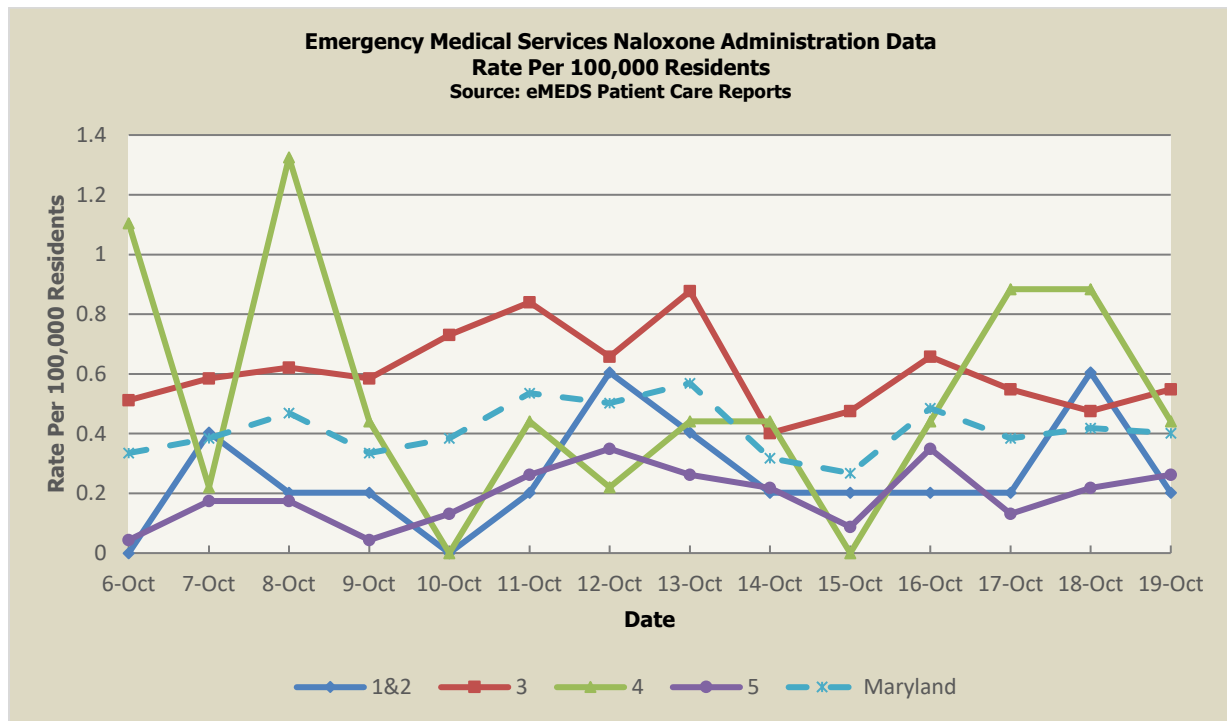
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

(report continues on next page)

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

(report continues on next page)

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of October 24th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (SOUTH KOREA), 24 Oct 2019, A suspected virulent avian influenza (AI) case has been reported in Asan, South Chungcheong Province, authorities announced [Sun 20 Oct 2019], as South Korea has been struggling to curb the spread of African swine fever for months. Read More: <https://www.promedmail.org/post/6742535>

HUMAN AVIAN INFLUENZA

INFLUENZA (ASIA), 20 Oct 2019, From January to October [2019], Gandhi Hospital [Hyderabad, Telangana], the nodal centre for swine flu [influenza A] and H1N1 infection in the state, recorded over 94 positive cases of swine flu [influenza A(H1N1)pdm09] with 22 confirmed deaths. Read More: <https://www.promedmail.org/post/6731512>

NATIONAL DISEASE REPORTS

COMMUNITY-ACQUIRED PNEUMONIA (WEST VIRGINIA), 24 Oct 2019, Approximately 50 cases of pneumonia are being reported among children in Marshall County Schools, according to officials today [22 Oct 2019]. "Cameron Elementary School and Hilltop Elementary School have a high percentage of reported cases," said Shelby Haines, superintendent of schools. The outbreak, though, isn't limited to those 2 schools. Read More: <https://www.promedmail.org/post/6744567>

LEGIONELLOSIS (NORTH CAROLINA), 21 Oct 2019, North Carolina health officials say a 4th person has died from an outbreak of legionnaires' disease linked to a hot tub display at the North Carolina Mountain State Fair, which is held at the Western North Carolina Agricultural Center. Read More: <https://www.promedmail.org/post/6737887>

JAMESTOWN CANYON VIRUS (NEW HAMPSHIRE), Oct 2019, An adult from Laconia has tested positive for a mosquito-borne virus, New Hampshire's Department of Health and Human Services says. Read More: <https://www.promedmail.org/post/6733661>

SCOMBROID FISH POISONING (ALASKA), 18 Oct 2019, The state is warning Alaskans about the risk of eating fish not properly refrigerated or preserved. According to a state of Alaska epidemiology bulletin, 7 patients this summer [2019] were diagnosed with scombroid poisoning. Read More: <https://www.promedmail.org/post/6733493>

INTERNATIONAL DISEASE REPORTS

LASSA FEVER (NIGERIA), 24 Oct 2019, 5 new confirmed cases were reported from Edo (2), Ondo (2), and Bauchi (1) states with no new deaths. [A confirmed case is any suspected case with laboratory confirmation. from positive IgM antibody, PCR, or virus isolation.]. Read More: <https://www.promedmail.org/post/6739940>

LISTERIOSIS (BELGIUM), 24 Oct 2019, Two people in Belgium have been infected with Listeria bacteria that lead to the death of 3 people and a miscarriage over a 2-year period in the Netherlands, a sampling by a federal health centre showed. [See ProMED-mail post Listeriosis Read More: <https://www.promedmail.org/post/6732811>

UNDIAGNOSED ILLNESS (PAKISTAN), 21 Oct 2019, The death toll from a mysterious throat virus has reached 9 children in Seerani and its surrounding localities in Badin district as one more child infected by the virus died, affected people said on [Sun 20 Oct 2019]. Read More: <https://www.promedmail.org/post/6730639>

JAPANESE ENCEPHALITIS (INDIA), 21 Oct 2019, The respite from cases of dengue, notwithstanding, the city [Hyderabad] is now caught in the grip of viral encephalitis, or brain fever. There is an alarming increase in the number of viral encephalitis cases being reported across city hospitals. Read More: <https://www.promedmail.org/post/6738059>

CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN), 20 Oct 2019, A man died of Congo fever [CCHF] on Thursday [17 Oct 2019] night, taking the death toll from the disease in the country to 19. Read More: <https://www.promedmail.org/post/6737424>

LISTERIOSIS (GERMANY), 19 Oct 2019, Germany's Federal Ministry for Food and Agriculture has summoned its state-level counterparts for crisis talks following revelations Listeria-tainted meat products have killed 3 people and made another 37 sick. Read More: <https://www.promedmail.org/post/6736570>

MONKEYPOX (NIGERIA), 18 Oct 2019, Nigeria health officials reported 5 new confirmed monkeypox cases in September [2019], as the country continues to report sporadic cases for the past 2 years. Read More: <https://www.promedmail.org/post/6734679>

TRYPANOSOMIASIS (SOUTH AFRICA), 18 Oct 2019, East African trypanosomiasis has been confirmed in an expatriate wildlife researcher working in the Vwaza Marsh Game Reserve, Malawi. Read More: <https://www.promedmail.org/post/6734681>

TYPHOID FEVER (IRELAND), 18 Oct 2019, The Health Protection Surveillance Centre in Ireland reported an increase in typhoid fever notifications in travelers returning from Pakistan. Read More: <https://www.promedmail.org/post/6727235>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health
300 W. Preston Street, Suite 202, Baltimore, MD 21201
Fax: 410-333-5000

Peter Fotang, MD, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-8438
Email: Peter.Fotang@maryland.gov

Jennifer Stanley, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-2074
Email: Jennifer.Stanley@Maryland.gov

Jessica Acharya (Goodell), MPH
Career Epidemiology Field Officer, CDC
Office: 410-767-6745
Email: Jessica.Goodell@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

